



PROJECTED PROGRAM UTILIZATION

STUDENT/SCHOOL DEMOGRAPHIC INFORMATION

Complete the following table. List all schools that will have students participate in the 21st CCLC.

School Name	Total School Enrollment	Percent Children Low-Income Families	Percent of Limited English Proficient Students	Number of Students to be Served by the 21st CCLC*	Number of Parents or Adults to be Served by the 21st CCLC
TOTALS		XXXXXX	XXXXXX		

*Note: To be classified as a “participant,” an individual student must attend 21st CCLC activities at least **30 days** during the project year.

Check (√) the source of data used for determining the number of children from low-income families.

_____ AFDC

_____ Medicaid

_____ National School Lunch Program

_____ Composite: Specify _____

Date of enrollment data: _____

Date of low-income families data: _____